



Inspection Report on

Morgana Court and Lodge

**Morgana Court
Porthcawl Road
South Cornelly
Bridgend
CF33 4RE**

Date Inspection Completed

26/06/2024

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About Morgana Court and Lodge

Type of care provided	Care Home Service Adults With Nursing
Registered Provider	Silvercrest Care Homes LTD
Registered places	63
Language of the service	English
Previous Care Inspectorate Wales inspection	28/03/2024
Does this service promote Welsh language and culture?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

This was a focused inspection to review areas of non-compliance identified at the last full inspection. We issued a priority action notice and an area for improvement at the last inspection in relation to care and support and leadership and management. We previously found personal plans required strengthening and did not always reflect people's needs or consider risks. Medication management systems needed to be more robust. Staff supervision and training needed to be improved. Improvements to governance arrangements are required to ensure the best possible outcomes are achieved for people living at the home. Since our last inspection we found significant improvements have been made across these areas. As this was a focused inspection, we did not consider the environment in detail.

Well-being

This was a focused inspection to consider some aspects of the well-being theme. Therefore, we have not considered this theme in full.

People's overall well-being is promoted by a service which provides good care and support. People have a voice and are treated with dignity and respect. People live in an environment that supports them to meet their needs. Bedrooms are comfortable and personalised to people's preferences. There are sufficient communal areas available. Suitable mobility aids are in place to help people where needed. A clean, comfortable environment helps support people's well-being. The home is well maintained. People are safe from unauthorised visitors entering the building, all visitors have to ring the front doorbell before gaining entry and are asked to record their visits in the visitor's book when entering and leaving. Care records are stored safely and are only available to authorised care workers.

The management team and Responsible Individual (RI) gather regular feedback to ensure the care provided meets expectations. Good medication management arrangements are in place. Medication is securely stored, and people receive their medication as prescribed. Regular health and safety audits and cleaning schedules promote safety and good standards of cleanliness and hygiene. People are protected from harm and neglect. Staff have received training in safeguarding vulnerable people and there is a safeguarding policy in place to guide staff. People are supported to maintain and improve their health and well-being through access to specialist care and advice when they need it. Referrals are made to professionals in a timely way and there is evidence of healthcare professionals visiting residents. There are sufficient numbers of care workers providing a good level of care and support. Personal plans contain good information about how best to support people to achieve their outcomes. Personal plans also contain detailed risk assessments which promote positive risk taking.

Care and Support

This was a focused inspection to consider some aspects of the care and support theme. Therefore, we have not considered this theme in full.

At the last full inspection, we found Improvements were required to ensure care and support is provided in a safe dignified manner. We looked at a selection of personal plans and found they needed strengthening. Discrepancies in relation to people's dietary and hydration needs were identified. We noted not all those requiring support to manage behaviours had plans in place to help care workers provide dignified care and support. We saw care provided is not always delivered in line with care plans, this had a negative effect on the person receiving care. We also identified a number of medication errors during our inspection. We discussed these issues with the management team and explained this is having an impact on people's health and well-being and placing them at risk. Care and support was an area requiring improvement at the last inspection. We issued a priority action notice where the provider must take immediate action to address these issues.

At this inspection, we found significant improvements have been made. Assessments are completed prior to people coming into the home. This ensures the service is able to meet individual needs and support people to receive care and support to achieve personal outcomes. Personal plans are detailed and person-centred. Plans clearly outline the level of care and support people require enabling care workers to best support them. Information recorded in personal plans include care plans, risk assessments and management plans. Care workers complete daily recordings which give a detailed account of care and support provided. Reviews of care documentation take place monthly, updates are implemented if needed.

Medication errors have been addressed. Medication audits are in place. Medication is securely stored and can only be accessed by authorised personnel. Care workers receive relevant training and follow a medication policy promoting safe practice. We looked at a number of medication administration recording charts and found people receive their medication as directed. Information recorded on people's personal plans show they have good access to health care professionals when needed.

Leadership and Management

This was a focused inspection to consider some aspects of the leadership and management theme. Therefore, we have not considered this theme in full.

At the last full inspection, we found improvements are needed in relation to the services governance arrangements. We saw evidence the RI visits the service regularly and speaks to people and care workers to inform improvements. Whilst a six-monthly quality of care review takes place these need to be enhanced to ensure rigorous oversight. Quality of care reports needed to be developed further so they capture the analysis of things such as safeguarding matters and lessons learnt. Medication audits were not routinely completed, and people's personal plans were not always updated when people's needs change. We also found care workers did not received the required level of formal support and some care workers were not up to date with their training requirements. Not all staff felt included or consulted. We highlighted this as an area for improvement. We would expect the issues to be addressed at the earliest opportunity.

At this inspection, we found significant improvements have been made. Care workers receive sufficient training and recruitment practices are safe. Training information we viewed shows care workers are generally up to date with their training requirements. We looked at information relating to supervision and appraisal and found care workers receive the required levels of formal support. The service benefits from good governance arrangements. Policies and procedures underpin safe practice, they are kept under review and updated when necessary. We saw evidence the RI regularly meets with people and staff to gather their feedback to inform improvements. The quality of care provided is reviewed in line with regulation and a report is published on a six-monthly basis. This report highlights what the service does well and any areas where improvements can be made. Medication audits are completed monthly to ensure safe practice. People's personal plans are updated when people's needs change and reviewed monthly. Management within the home consult with staff on a daily basis, care workers we spoke to feel included and supported.

Summary of Non-Compliance	
Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)		
Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A
21	Staff are not providing care and support in a way that promotes peoples safety and wellbeing.	Achieved

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A
6	The provider is not compliant with Regulation 6. This is because arrangements for the oversight and governance of the service require improvement to ensure the best possible outcomes are achieved for individuals using the service and to meet the requirements of the Regulations.	Achieved

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